

HONG KONG SOCIAL HYGIENE SERVICE*

BY

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Hong Kong

The colony includes Hong Kong island (32 square miles), the Kowloon peninsula (3½ square miles), and the New Territories, which include 75 adjacent islands, many of which are uninhabited. The total area of the colony is 390 square miles approximately. A main road encircles the New Territories, and from any point on this road it is not more than half-an-hour's bus journey to a government dispensary, or a little over 1 hour into Kowloon. However, access to this encircling road may be difficult, and from certain of the islands it takes about an hour to reach Hong Kong by regular ferry, and much longer by sampan or other craft, the journey being subject to the vagaries of the weather. In certain areas, therefore, patients are often unable to attend a weekly clinic at a fixed hour, and consequently require to be treated by the medical officer resident in that district.

POPULATION AND REASONS FOR HIGH INCIDENCE OF VD

The population of Hong Kong almost doubled itself in the 8-year period 1946 to 1952, with the maximum increase in the years 1949 and 1950, owing to an influx of refugees, many of whom live as "squatters" in flimsy shacks, so that a close check cannot be kept on the numbers or movements of the people. Many men come from China into Hong Kong to find work, the married men leaving their wives and families in China. Industrial concerns are liable to periods of boom and depression, which tend to make continuous employment difficult. Hong Kong is a port for all types of shipping—international liners, coastal boats, and fishing fleets—and has also a permanent sampan

population estimated at 120,000. It is also a naval headquarters, and contains the resident garrison force, including R.A.F. units, and is a recreation centre for the U.S. Navy.

At certain other ports on the China coast it is believed that VD treatment facilities do not conform to generally accepted standards. Prostitution, though not officially recognized, exists in Hong Kong, despite measures to curtail it. All the above factors have been a potent force in keeping the incidence of VD high, and, as elsewhere, the present measures can only be expected to keep the incidence of VD within reasonable limits.

CLINICS, HOSPITALS, AND STAFF

There are five full-time clinics in the service. The western part of the island is served by Sai Ying Pun male and female clinic, the eastern part by the Wanchai male clinic and by the Wanchai female clinic which is combined with the female hospital in one building. In Kowloon the female clinic forms part of a large polyclinic on a main road, and the male clinic is adjacent to the docks. Though not central in relation to the population distribution, both clinics are served by an excellent bus service radiating to all parts of Kowloon. In the New Territories clinics for females are held once a week at three centres. These cater specially for pregnant women and the routine examination of prostitutes.

The Wanchai Hospital contains twenty VD beds for females and four cots and cribs for babies. It caters especially for pregnant women and those who might not otherwise obtain regular treatment, e.g., sampan women and prostitutes. Four beds for male patients are available in the Queen Mary

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TABLE I
ANNUAL INCIDENCE AND TREND OF DISEASES

Year	1951	1952	1953	1954	1955
Total New Cases	17,934	23,565	37,392	36,652	34,853
Total Attendances	152,294	149,237	213,091	223,031	203,701
Syphilis					
Total (except Congenital)	3,215	3,216	6,969	6,825	4,232
Primary	562	672	634	393	153
Secondary	301	180	132	54	34
Early latent	1,101	882	2,298	2,209	1,044
Late latent	1,038	1,275	3,727	3,983	2,853
All others	213	207	178	186	148
Congenital					
Under 1 year	164	77	44	24	19
Over 1 year	49	47	69	93	111
Gonorrhoea	6,903	8,546	11,625	10,785	11,309
Non-gonococcal Urethritis	—	—	870	770	869
Chancroid	2,347	2,400	2,507	2,365	2,468
Lymphogranuloma Venereum	197	111	208	286	249
Non-venereal Disease	2,420	6,596	13,616	14,526	14,788

Hospital—the combined government and University teaching hospital.

The clinic staff consists of five medical officers, one European technical assistant, and a staff of nurses and dressers. Each male clinic is in the charge of a senior dresser who usually spends several years at a clinic. All dressers in training spend several months in the clinics. The clinic nurses are generally married women. The female hospital is in the charge of one resident sister and five assistant nurses.

For several years after the war it was necessary to carry on with the minimum of equipment, often salvaged or confiscated material, but since 1952 the old equipment has been steadily replaced by modern equipment; 57 clinics are held every week throughout Hong Kong and the medical staff may be called for consultation to any of the government hospitals if required.

ANNUAL INCIDENCE AND TREND OF DISEASES

These are summarized in Table I, and the figures given refer only and entirely to cases treated at the government clinics.

In the latter half of 1952 and early part of 1953 a moderately intensive education programme was undertaken specially to detect latent syphilis and syphilis in pregnancy. The results are beginning to show in the figures for 1955.

The figure for gonorrhoea appears to have levelled off at about 11,000, but it is interesting that there is, so far, no appreciable rise in the incidence of non-gonococcal urethritis at the civilian clinics.

METHODS OF INVESTIGATION

It is the practice to encourage men and women to come to the social hygiene clinics for a medical examination including a blood test and routine mass miniature chest x ray to help in detecting tuberculosis, which constitutes the major public health problem.

Pathological Tests.—As a result of a recommendation made by WHO in early 1952, the VDRL test (qualitative and quantitative) is now the routine blood test for syphilis in government clinics. The Kahn test is the alternative available, and in doubtful cases any specimen may be cross checked, with the ready cooperation of two service hospitals.

In Hong Kong there are also a number of privately sponsored laboratories performing Wassermann and precipitation tests for syphilis.

A transport medium for the cultivation of the gonococcus is now available. This is used in any male case in which the suspicion of penicillin resistance arises, and in the weekly examination of prostitutes, particularly if a contact notification has been received.

The diagnosis of lymphogranuloma venereum is essentially a clinical one, but Frei antigen is available and smears stained by Machiavello's method are examined for inclusion bodies.

The diagnosis of chancroid is also clinical, supported on occasion by direct microscopic examination of smears made from the ulcers.

Granuloma inguinale has not been seen by me during the last 3 years.

Antenatal Blood Tests.—On the island the majority of confinements are undertaken in hospitals, so that routine blood-testing during pregnancy is easily arranged.

In Kowloon and elsewhere, however, midwives undertake the delivery of cases outside hospitals and it has been found necessary to provide a service for this. Using a special form, the midwife refers the pregnant women to a clinic for the blood test, and the test is done, but the patient's name is not recorded in the register of clinic patients.

One week later, on returning to the clinic, the result is given to the patient. If the result is positive, then the patient is given treatment immediately, and her husband referred for examination.

The special forms are sent to the Supervisor of Midwives, who in turn notifies the attendant midwife of the result. In the case of a positive result it is then the duty of the midwife to ensure that the patient is referred for treatment, either to a doctor or to a clinic.

In two sections of the population, the sampan women and the peasants, antenatal care is almost non-existent. The boat woman goes for confinement to a small maternity home one or two days before the onset of labour, and it is virtually impossible to obtain an antenatal blood test, or to have her referred to a clinic for even one visit.

In the rural areas a one-shot penicillin treatment is given to patients in the last weeks of pregnancy.

It is an interesting reflection that the trust placed in a penicillin injection by a pregnant woman is such that, if she has a healthy baby, she will not come back to the clinic for follow-up tests.

Treatment of Prostitutes.—Prostitutes, dance-hostesses, bar-girls, etc. are invited to attend the clinics once a week for examination, and in many cases are given, in accordance with a WHO recommendation, a weekly injection of penicillin. A routine chest x ray is also advised.

It must be stated clearly that there is no compulsory examination or treatment of prostitutes, except in so far as provided under the Hong Kong VD Ordinance, 1952. It is noticeable however that the clinics are well attended on the morning of arrival of liners and warships, and before the weekend.

Over a period of nearly 4 years during which the weekly routine of penicillin injections has been available, many interesting observations have been noted.

Naturally no prostitute has attended without lapses, but 16 per cent. of them may be expected to attend on more than forty occasions during a year.

The attendance and the cooperation of the prostitutes are better in those parts of Hong Kong which the servicemen are accustomed to frequent.

An abscess of the buttock was a not uncommon complication with repeated injections of oily penicillin, and the use of this preparation has now been discontinued.

The all-important question of breeding penicillin-resistant gonococci is constantly borne in mind, but up to the present only sporadic cases have been detected in the civilian clinics and there has been no representation from service medical departments that penicillin-resistant gonorrhoea is frequent.

The Hong Kong VD Ordinance was brought in for much the same purpose as the former British Regulation 33b—to ensure the examination and treatment of contacts, particularly the contacts of servicemen. It has been found that, with education and strong persuasion, very few contacts are unco-operative; they are so few, in fact, as to cause little anxiety.

EPIDEMIOLOGICAL WORK

Certain features, already mentioned when discussing the incidence of VD, make epidemiological work difficult.

The staff consists of five female visitors who were appointed in 1952, particularly to undertake the contact tracing of prostitutes. Since that time the scope of their work has been increased, and recently the part-time services of two male visitors have also been provided.

A small central office is maintained for this anti-VD section, and when a male patient is interviewed at a clinic a written statement of his contact may be taken from him and forwarded to the anti-VD section, or the patient may be instructed to report to the office himself and there describe the contact to the visitor.

Contact notifications are received regularly from the three British services, the U.S. Navy, and other naval forces, and these are dealt with by social hygiene visitors.

There are great differences in the amount and value of the information received from civilian and service personnel. In civilian cases the association between patient and prostitute is a business one, and apparently the male very seldom asks even the nickname of his consort, though the address may be well known. Reports from U.S. servicemen are much more complete and often describe the consort minutely, which is probably due in part to the much greater time spent in the company of the women. Reports from British soldiers are unfortunately

almost worthless, which is believed to be due to their short associations with the poorest prostitutes.

FOLLOW-UP WORK

This is done by postal follow-up in the first instance. Table II shows the results.

TABLE II
RESULTS OF POSTAL FOLLOW-UP

Year	..	..	1953		1954		1955	
Sex	..	..	Male	Female	Male	Female	Male	Female
Letters sent..	..	..	3,437	1,098	2,713	1,473	2,925	2,022
Patients returned	%	..	28.3	28.6	27	25	25	24

The percentage is falling slightly, but several cases have now been sent for on three occasions and are ceasing to respond to the second or third letter.

Where there is no response to the follow-up letter and where the letter has not been returned by the post office, follow-up visits may be undertaken.

The results of follow-up by home visiting during 1955 show that slightly over 20 per cent. of women will respond to a visit, but that if a male patient does not return in response to a follow-up letter, a visit is unlikely to be successful in more than 10 per cent. of cases.

Both postal follow-up work and visiting are much hampered by changes of address, resettlement operations after fires, and the inadequate location of squatter huts.

VENEREAL DISEASE EDUCATION

In 1952-53, films for male and female audiences were made in Hong Kong Medical Department under the technical direction of Dr. J. S. Willis. They depict the symptoms and signs of venereal disease, and the attendance of men and women at the social hygiene clinics. In 1953 they were extensively shown, in combination with a

lecture, to audiences of all classes. The marked rise in clinic attendances and the appreciable increase in the numbers of cases of latent syphilis discovered are in great part due to the success of the lecture-film shows (Table I).

A four-page pamphlet printed in Chinese or English on the symptoms of VD, etc., is now given to all patients attending the clinics, and this pamphlet, together with clinic timetables, is currently distributed from the Rotary Health Education van, and through various other channels.

Enamelled metal notices are exhibited in all public toilets and elsewhere, and there is also a special card for seamen issued through the port organizations.

It is always difficult to assess in monetary values the results of health education, but it is now noticeable that very few men come to the clinics with complicated gonorrhoea or severe buboes, and I believe that the cost of VD propaganda compares most favourably with that of other health education projects.

Little has been said about treatment in this report, because therapy is in accord with current practice.

Penicillin did not become available in all VD clinics until long after it was in general use elsewhere, and therefore the striking reduction in syphilis is only now being manifest.

Through cooperation with other branches of the medical department, *e.g.*, psychiatric, ophthalmic, gynaecological, etc., cases of latent syphilis and late syphilis are now referred as out-patients to the social hygiene clinics, and clinical material, which is becoming scarce in one field, is expanding in others.

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